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**\*BIBDATASHEET\*****CONFIRMATION NO. 1761**

Bib Data Sheet

SERIAL NUMBER 10/069,157	FILING DATE 05/24/2002  RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. R&G CASE 334
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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB00/03182 08/16/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 9919713.9 08/19/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY ENG	SHEETS DRAWING 15	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 2
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## TITLE

HIGH DENSITY LIPOPROTEIN AGAINST ORGAN DYSFUNCTION FOLLOWING HAEMORRHAGIC SHOCK

FILING FEE  RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )